



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067000003

CITY OR TOWN MASHPEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NEW SEABURY RESOURCE MANAGEMENT

DOING BUSINESS AS NEW SEABURY COUNTRY CLUB

ADDRESS 95 SHORE DRIVE WEST

CITY/TOWN: MASHPEE

STATE: MA

ZIP CODE: 02649

MANAGER: BRENNAN,
STEPHEN T.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CLUB HOUSE, PATIO, UTILITIES WITH BASEMENT, STORAGE, LOCKERS, SHOWERS, PRO SHOP, MENS BAR. FIRST FLOOR: LOBBY, KITCHEN, LOUNGE, RESTAURANT, COFFEE SHOP, DECK. 2ND. FLOOR: MEETING ROOM, OFFICE, DECK & STAND ON GROUNDS WITHIN 500 FEET OF CLUBHOUSE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067000004

CITY OR TOWN MASHPEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Q.V.C.C. INC.

DOING BUSINESS AS QUASHNET VALLEY COUNTRY CLUB

ADDRESS 309 OLD BARNSTABLE RD.

CITY/TOWN: MASHPEE

STATE: MA

ZIP CODE: 02649

MANAGER: D'OLIMPIO,
PHILIP J.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3 FLOORS. BEVERAGES TO BE SERVED IN LOUNGE, STORAGE OF BEVERAGES
ACCORDING TO PLAN DATE STAMPED ON MARCH 5, 1986

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067000010

CITY OR TOWN MASHPEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: POET'S PUB, INC.

DOING BUSINESS AS BOBBY BYRNE'S PUB

ADDRESS RTE. 28

CITY/TOWN: MASHPEE

STATE: MA

ZIP CODE: 02649

MANAGER: BYRNE, ROBERT TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

INCREASE SIDEWALK CAFE SEATING TO 52 AND ADD SEATING FOR 8 AT BEVERAGE SERVICE BAR_OUTSIDE. ONE FLOOR, 2 DINING ROOMS, BAR, SIDE ROOM, 2 KITCHENS, OFFICE STORAGE.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067000013

CITY OR TOWN MASHPEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CAPE COD CONVENTION CENTER INC.

DOING BUSINESS AS ZACHARY'S

ADDRESS 100 GREAT NECK ROAD NORTH

CITY/TOWN: MASHPEE

STATE: MA

ZIP CODE: 02649

MANAGER: HALPERN,
RICHARD

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 STORY BLDG. CONSTING OF 3 FULL RMS. ON 1ST. FL. WITH 14 1/2' X 39' OUTSIDE SEATING AREA ENCLOSED BY 6 FT. FENCE- NO SERVING OF ALCHOL OR ENTERTAINMENT IN OUTSIDE AREA; 2ND. FL. CONSISTING OF 18 RMS. 10 RESTRMS. ON PREMISES WITH 2 STANDARD EXITS & EMERGENCY EXITS. CELLAR FOT STO

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067000015

CITY OR TOWN MASHPEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BETTER FOOD LLC

DOING BUSINESS AS SIENA

ADDRESS PO BOX 2728-MASHPEE COMMONS

CITY/TOWN: MASHPEE

STATE: MA

ZIP CODE: 02649

MANAGER: SILLIMAN,
GRAHAM

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

5338 SQ FT RESTAURANT; 180 SEATS INCLUDING 22 SEATS AT THE BAR PLUS 40
SEASONAL SEATS AT OUTDOOR TABLES

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067000020

CITY OR TOWN MASHPEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BACCHUS ENTERPRISES, INC

DOING BUSINESS AS SOUTH CAPE WINE AND SPIRITS

ADDRESS SOUTH CAPE PLAZA/ ROUTE 28

CITY/TOWN: MASHPEE

STATE: MA

ZIP CODE: 02649

MANAGER: RYMSHA,
BARBARA

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR WITH TWO ROOMS AND ONE RESTROOM; CELLAR USED FOR STORAGE.

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067000021

CITY OR TOWN MASHPEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ANDY'S MARKET, INC.

DOING BUSINESS AS

ADDRESS 425 NATHAN ELLIS HIGHWAY

CITY/TOWN: MASHPEE

STATE: MA

ZIP CODE: 02649

MANAGER: ANDERSON,
BRYAN W

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

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TELEPHONE NUMBER:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067000023

CITY OR TOWN MASHPEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DENRICH ENTERPRISES, INC

DOING BUSINESS A LIBERTY LIQUORS AT NORTH MARKET ST

ADDRESS RTE 28 & 151

CITY/TOWN: MASHPEE

STATE: MA

ZIP CODE: 02649

MANAGER: RYMSHA, DENA M.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

4777 SQ FT OF SPACE AT STREET LEVEL OF WHICH 4000 SF IS FOR RETAIL SALES. 306 SQ FT FOR STORAGE WITH AN ADDITIONAL 1500 SQ FT FOR STORAGE IN BASEMENT. DELIVERIES THRU SEPARATE ENTRANCE AT FRONT OF STORE AND ONE EMERGENCY EXIT. ADDING 1,024 SQ. FT. OF SALE AREA TO THE EXISTING STORE. ACCESS, EGRESS, RESTROOM AND OFFICE WILL ALL REMAIN THE SAME.

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TELEPHONE NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067000024

CITY OR TOWN MASHPEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PARADIGM, INC

DOING BUSINESS AS THE BARN

ADDRESS RTE 28 MERRY MEADOW

CITY/TOWN: MASHPEE

STATE: MA

ZIP CODE: 02649

MANAGER: SHAFIQUE,
MOHAMMED

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FREE STANDING BLDG, GROUND FLOOR, TWO ROOMS

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067000036

CITY OR TOWN MASHPEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SOUTHWORTH WILLOWBEND INC.

DOING BUSINESS AS WILLOWBEND COUNTRY CLUB

ADDRESS 100 WILLOWBEND DRIVE

CITY/TOWN: MASHPEE

STATE: MA

ZIP CODE: 02649

MANAGER: CHAUVIN, CATHY TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 STORY BLDG, MAIN LEVEL; RECEPTION AREA, LIVING ROOM, KITCHEN, DINING, BAR, LOUNGE ON LOWER LEVEL, FRONT AND REAR EXIT/ENTRANCE, SIX ADDITIONAL EXITS AND ENTRANCES, POOLSIDE SEATING, FORMER PRO SHOP AREA ADJACENT TO THE GRILL ROOM. SEATING IS 73 TABLES AND 500 CHAIRS

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067000042

CITY OR TOWN MASHPEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Shreeji Krupa LLC

DOING BUSINESS AS Best Buy Beverage

ADDRESS 16 ECHO RD

CITY/TOWN: MASHPEE

STATE: MA

ZIP CODE: 02649

MANAGER: Patel, Chetna H.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2400 SQ FT OF RETAIL AREA INCLUDING COOLER; 70 SQ FT OF OFFICE SPACE; 560 SQ FT OF STORAGE FOR BEER, WINE AND LIQUOR. 4075 SQ FT FOR REDEMPTION CENTER, FOR A TOTAL OF 7104 SQ FT

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DATE:

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EMPLOYER IDENTIFICATION NUMBER:

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LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067000043

CITY OR TOWN MASHPEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ZOE, INC.

DOING BUSINESS AS ZOE'S

ADDRESS 38 BATES ROAD

CITY/TOWN: MASHPEE

STATE: MA

ZIP CODE: 02649

MANAGER: POOLE, THOMAS W. TYPE OF LICENSE: Restaurant

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2264 SQ. FT. ESTABLISHMENT, SEATING CAPACITY OF 75, TWO ENTRANCES/ EXITS, ONE ADDITIONAL EXIT ONLY AND ONE RESTROOM.

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DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067000044

CITY OR TOWN MASHPEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BARNSTABLE PIZZA & PASTA CO, INC

DOING BUSINESS AS FINALLY DINO'S

ADDRESS 401 ROUTE 151

CITY/TOWN: MASHPEE

STATE: MA

ZIP CODE: 02649

MANAGER: MITROKOSTAS,
CONSTANTINO

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

5400 SQ. FEET LOCATED AT JOHN'S POND CTR. UNIT 1 DINING AREA W/48 SEATS-
FRONT/SIDE ENTR, REAR FOR DELIVERY. UNITS 2&3 DINING W/70 SEATS, BAR AREA
STOOLS WITH FRONT ENTRANCE/ REAR EXITS.

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067000046

CITY OR TOWN MASHPEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 99 WEST, INC

DOING BUSINESS AS

ADDRESS 8 RYAN'S WAY

CITY/TOWN: MASHPEE

STATE: MA

ZIP CODE: 02649

MANAGER: BOHNENBERGER, TYPE OF LICENSE: Restaurant
KIMBERLY A.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

158 SEAT RESTAURANT INCLUDING 30 SEATS AT THE BAR. KITCHEN, EMPLOYEE
LOUNGE AND DRESSING AREA, STORAGE ROOMS, OFFICE AND BATHROOMS,
INCLUDING ENTRANCES AND EXITS

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067000051

CITY OR TOWN MASHPEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NEW SEABURY RESOURCES MANAGEMENT, INC.

DOING BUSINESS AS POPPONSETT INN

ADDRESS SHORE DRIVE

CITY/TOWN: MASHPEE

STATE: MA

ZIP CODE: 02649

MANAGER: BRENNAN,
STEPHEN

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3 LEVELS, FUNCTION BAR, 40 PERSON LOUNGE, MAIN DINING ROOM, VERANDA AND
SNACK BAR.

I hereby certify and swear under penalties of perjury that:

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DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067000055

CITY OR TOWN MASHPEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FIDDE CORP.

DOING BUSINESS AS SOPRANO'S RISTORANTE

ADDRESS 681 FALMOUTH RD

CITY/TOWN: MASHPEE

STATE: MA

ZIP CODE: 02649

MANAGER: RICHARDI,
EDMUND

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PREMISES IS THE END CONDO UNIT OF A STRIP STYLE MALL. THERE ARE ENTRANCES FROM THE FRONT AND ONE TO THE SIDE EXITING ON TO A GROUND LEVEL PATIO. FULL SERVICE RESTAURANT AT 681 FALMOUTH RD. B-2. BAR, KITCHEN, DINING ROOM, 2 BATHROOMS. SEATING CAPACITY 77.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067000064

CITY OR TOWN MASHPEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BLEU, INC.

DOING BUSINESS AS BLEU

ADDRESS 38 NATHAN ELLIS HIGHWAY

CITY/TOWN: MASHPEE

STATE: MA

ZIP CODE: 02649

MANAGER: FEUFEU,
FREDERIC

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT LOCATED AT 10 MARKET STREET, MASHPEE COMMONS. FACILITY IS ONE-STORY, APPROX. 2,970 SQ. FT. & HAS SINGLE DOOR IN FRONT & DOUBLE DOORS IN BACK FOR ENTRY & EXIT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067000068

CITY OR TOWN MASHPEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SADIQ CORPORATION

DOING BUSINESS AS MASHPEE MART

ADDRESS 44 FALMOUTH ROAD

CITY/TOWN: MASHPEE

STATE: MA

ZIP CODE: 02649

MANAGER: FAROOQ,
SHAKEEL
MOHAMMED

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 1400 S/F; 2 ENTRANCES; 3 EXITS; ONE RESTROOM; 400 S/F TO BE USED TO
STORE WINE & MALT BEVERAGES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067000069

CITY OR TOWN MASHPEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 25 MARKET STREET, INC.

DOING BUSINESS AS CAFÉ TREVI

ADDRESS 25 MARKET STREET

CITY/TOWN: MASHPEE

STATE: MA

ZIP CODE: 02649

MANAGER: REID, JOHN F., JR. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST. FL. 1,160 SQ. FT. , KITCHEN, BAR, DINING AREA, 2 ENTRANCE/EXIT, LAVATORY; 32 DINING AREA SEATS, 15 BAR STOOLS, 20 STABDEESM 650 SQ. FT. 2ND FL. ; 401 SQ. FT. KITCHEN, LAVATORY, 1 ENTRANCE/EXIT, PATIO; 940 SQ.FT. 60 SEATS.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067000071

CITY OR TOWN MASHPEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MPG CORPORATION

DOING BUSINESS AS RAPID REFILL CONVENIENCE

ADDRESS 414 NATHAN ELLIS HIGHWAY

CITY/TOWN: MASHPEE

STATE: MA

ZIP CODE: 02649

MANAGER: CARVALHO,
SUSAN L

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

41000 SQ FT CONVEN STORE ONE ENTRANCE IN FRONT, TWO SIDE FIRE EXITS

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067000073

CITY OR TOWN MASHPEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MASHPEE ORIENTAL, INC

DOING BUSINESS AS ASIA PALACE

ADDRESS 3 GREEN ST

CITY/TOWN: MASHPEE

STATE: MA

ZIP CODE: 02649

MANAGER: KO, MEINA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3760 SQ FT AND HAVING SEATING CAPACITY OF 100, ONE FRONT ENTRANCE ONE EMERGENCY EXIT

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067000074

CITY OR TOWN MASHPEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WICKED RESTAURANT INC.

DOING BUSINESS AS WICKED

ADDRESS 35 SOUTH STREET/BUILDING F2-2/SOUTH CAPE VILLAGE

CITY/TOWN: MASHPEE

STATE: MA

ZIP CODE: 02649

MANAGER: CATANIA,
ROBERT

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

4200 SQ FT FACILITY, FOUR ENTRANCE/EXITS; TWO RESTROOMS, SEATING FOR 25
OUTSIDE RESTAURANT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067000075

CITY OR TOWN MASHPEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VERA CORPORATION

DOING BUSINESS AS BISTRO 36

ADDRESS 36 SOUTH ST

CITY/TOWN: MASHPEE

STATE: MA

ZIP CODE: 02649

MANAGER: GOSSIOS, GEORGETYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

UNIT C8 CONSISTING OF 4030 SF. MAIN ENTRANCE ON SOUTH ST, MAIN BAR, DINING ROOM IN ONE ROOM CONSISTING OF INDOOR SEATING FOR 111 OCCUPANTS, OUTDOOR LOWER TERRACE SEATING FOR 24 OCCUPANTS. KITCHEN AND STORAGE IN REAR. ADDITIONAL EGRESS ON JOY ST AND ALLEY WAY

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067000076

CITY OR TOWN MASHPEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SKITTLES, INC.

DOING BUSINESS AS THE LANES

ADDRESS GREENE STREET

CITY/TOWN: MASHPEE

STATE: MA

ZIP CODE: 02649

MANAGER: MOORE, JEFFREY TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

11,650 SQ.FT. FACILITY WITH FRONT VESTIBULE ENTRANCE ON GRENE STREET;
DOUBLE DOOR ENTRANCE FROM NORTH WALL SIDE; KITCHEN WITH SIDE SINGLE
DOOR; SEATING CAPACITY 165

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE: